

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

REDACTED FOR PUBLIC DISCLOSURE

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 341053

<015> Study Area Name METAMORA TEL CO

<020> Program Year 2015

<030> Contact Name: Person USAC should contact with questions about this data Ann Dickerson

<035> Contact Telephone Number: 3093674197 ext. Number of the person identified in data line <030>

<039> Contact Email Address: Email of the person identified in data line <030> adickerson@corp.mtco.com

Received & Inspected

JUN 2 / 2014

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS

54.313 Completion Required	54.422 Completion Required
----------------------------------	----------------------------------

(check box when complete)

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice) 0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband) 0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
34105311510.pdf, 34105311610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

REDACTED FOR PUBLIC DISCLOSURE

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	341053
<015> Study Area Name	METAMORA TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035> Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

34105311112.pdf

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How (USF) was used to improve service quality

<116> How (USF) was used to improve service coverage

<117> How (USF) was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

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[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

~~See attached worksheet~~

<010>	Study Area Code	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com
<810>	Reporting Carrier	Metamora Telephone Company
<811>	Holding Company	MTCO Corporation
<812>	Operating Company	Metamora Telephone Company

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**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
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<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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July 2013

<010>	Study Area Code	341053
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<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
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<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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 OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

341053111210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

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(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	341053
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<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

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Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	341053
<015> Study Area Name	METAMORA TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Ann Dickerson
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<039> Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)

☐

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No)

☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☒

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

- (3023) Underlying information subjected to a review by an independent certified public accountant

☐

- (3024) Underlying information subjected to an officer certification.

☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

341053113026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	341053
<015> Study Area Name	ME7AMORA TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035> Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	341053
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<039> Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Kiesling Associates LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Kiesling Associates LLP
Name of Reporting Carrier:	METAMORA TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/25/2014
Printed name of Authorized Officer:	Ann Dickerson
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	3093674197 ext. 120
Study Area Code of Reporting Carrier:	341053 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	METAMORA TEL CO
Name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/25/2014
Printed name of Authorized Agent or Employee of Agent:	Robert R. Abrams
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	6086649110 ext.
Study Area Code of Reporting Carrier:	341053 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Attachments

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(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

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(710) Broadband Price Offerings Data Collection Form FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	341053
<015>	Study Area Name	METAMORA TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ann Dickerson
<035>	Contact Telephone Number - Number of person identified in data line <030>	3093674197 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

[illegible]

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(800) Operating Companies
Data Collection Form

FCC Form 481

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<010>	Study Area Code	341053
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<039>	Contact Email Address - Email Address of person identified in data line <030>	adickerson@corp.mtco.com

<810>	Reporting Carrier	Metamora Telephone Company
<811>	Holding Company	MTCO Corporation
<812>	Operating Company	Metamora Telephone Company

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	MTCO Communications, Inc.		MTCO Communications, Inc.

REDACTED FOR PUBLIC DISCLOSURE

REDACTED – FOR PUBLIC INSPECTION

METAMORA TELEPHONE COMPANY (SAC 341053)

ATTACHMENT - LINE 112

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

ATTACHMENT REDACTED IN ENTIRETY

FCC Form 481 – Line 510 Service Quality Standards & Consumer Protection Compliance

SAC: 341053
State: IL
Name: Metamora Telephone Company
Submission: 7/1/2014

47 CFR §54.313(a)(5) requires an ETC to certify that it complies with applicable service quality standards and consumer protection rules.

Metamora Telephone Company of Marseilles Illinois complies with applicable service quality standards for local exchange telecommunications carriers in Title 83 the Illinois Administrative Code (*ILGA §730, Subpart E*) which includes adequacy of service, answer time, service interruptions, outages and notifications.

Metamora Telephone Company complies with consumer protection requirements including those found in federal Customer Proprietary Network Information (*CPNI; WC Docket No. 04-36*), and those of the Title 83 the Illinois Administrative Code (*ILGA §732*), covering local exchange service obligations, payment and billing practices, procedures for timely reimbursement of customer credits, customer education programs, and (*ILGA §755*) meeting state requirements regarding telecommunications access for persons with disabilities.

Metamora Telephone Company certifies it has complied with these requirements and will continue to comply with these requirements.



State of Illinois
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Illinois Commerce Commission
Service Quality for Telecommunications Carriers
Code Part 730.115
Quarterly Filing

Metamora Telephone Company
for quarter ending December 31, 2013

Performance Data	October	November	December	Quarterly Average
A. Operator Answering Time - Toll and Assistance [730.510(a)(1)]	3.00	3.60	4.00	3.53
B. Operator Answer Time - Information [730.510(a)(1)]	4.52	8.55	9.90	7.66
C. Repair Office Answer Time [730.510(b)(1)]	7.70	5.90	7.20	6.93
D. Business or Customer Service Answer Time [730.510(b)(1)]	7.70	5.90	7.20	6.93
E. Percent of Service Installations [730.540(a)]	100.00%	100.00%	100.00%	100.00%
F. Percent of Out of Service Lines Repaired in < 30 Hours [730.535(a)]	100.00%	100.00%	100.00%	100.00%
G. Trouble Reports per 100 Access Lines [730.545(a)]	0.57	0.15	0.27	0.33
H. Percent Repeat Trouble Reports [730.545(c)]	0.00%	0.00%	0.00%	0.00%
I. Percent of Installation Trouble Reports [730.545(f)]	0.00%	0.00%	0.00%	0.00%
J. Missed Repair Appointments [730.545(h)]	0	0	0	0
K. Missed Installation Appointments [730.540(d)]	0	0	0	0

Comments



State of Illinois
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Illinois Commerce Commission
Customer Credits for Telecommunications Carriers
Code Part 732.30
Quarterly Filing

Metamora Telephone Company
for quarter ending December 31, 2013

Out of Service More Than 30 Hours	October	November	December	Totals
A. Total dollar amount of all customer credits paid	\$0.00	\$0.00	\$0.00	\$0.00
B. Number of credits issued for repairs - 30 - 48 hours	0	0	0	0
C. Number of credits issued for repairs - 48 - 72 hours	0	0	0	0
D. Number of credits issued for repairs - 72 - 96 hours	0	0	0	0
E. Number of credits issued for repairs - 96 - 120 hours	0	0	0	0
F. Number of credits issued for repairs > 120 hours	0	0	0	0
G. Number of exemptions claimed for each of the categories identified in Section 732.30(e)	0	0	0	0
H. Number of customers receiving alternate phone service rather than receiving a credit	0	0	0	0

Failure to Install Basic Local Exchange Service	October	November	December	Totals
A. Total dollar amount of all customer credits paid	\$0.00	\$0.00	\$0.00	\$0.00
B. Number of installations after 5 business days	0	0	0	0
C. Number of installations after 10 business days	0	0	0	0
D. Number of installations after 11 business days	0	0	0	0
E. Number of exemptions claimed for each of the categories identified in Section 732.30(e)	0	0	0	0
F. Number of customers receiving alternate phone service rather than receiving a credit	0	0	0	0

Missed Appointments	October	November	December	Totals
A. Total dollar amount of all customer credits paid	\$0.00	\$0.00	\$0.00	\$0.00
B. Number of customers receiving credits	0	0	0	0
C. Number of exemptions claimed for each of the categories identified in Section 732.30(e)	0	0	0	0

Comments

FCC Form 481 – Line 610 Ability To Remain Functional In An Emergency Situation

SAC: 341053
State: IL
Name: Metamora Telephone Company
Submission: 7/1/2014

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2).

Metamora Telephone Company complies with relevant sections for wireless ETCs in Title 83 the Illinois Administrative Code (*ILGA §730, Subpart C*) requiring it to make provisions to meet emergencies resulting from failures of commercial or power service, sudden and prolonged increases in traffic, illness of personnel, fire, storm, or other natural disasters. The company informs employees as to procedures to be followed in the event of emergency in order to prevent or minimize interruption or impairment of telecommunications service, and maintains at least 3 hours of reserve battery power.

Central Office batteries are maintained in accordance with Institute of Electrical and Electronic Engineers (IEEE) standards as adopted in Section 730.340, and generators are tested each week.

Metamora Telephone Company certifies it has complied with, and will continue to comply with applicable requirements regarding its ability to remain functional in an emergency situation as set forth in 47 CFR §54.202 (a)(2).

FCC Form 481 – Line 1210 Lifeline Service Terms & Conditions

SAC: 341053
State: IL
Name: Metamora Telephone Company
Submission: 7/1/2014

Metamora Telephone Company offers Lifeline service to qualifying subscribers.

- Qualifying residential subscribers receive Lifeline credits of \$9.25 against the regular monthly rate of any eligible single line residential local telephone service the company offers, in or out of bundles. This benefit is limited to one per qualifying household, and for service received from a single provider.
- Number of Local Minutes/Calls Provided: Unlimited local calling.
- Additional Charges for Toll Calls: Toll calls and services for Lifeline subscribers are available and are billed at toll carriers' standard rates.
- Federal program eligibility for Lifeline service must be confirmed before the credit is issued. All subscribers must be recertified at least once each year.

Lifeline eligibility requires that income be no higher than 135% of the federal Poverty Guideline level, and/or participation in at one of the following programs, verified at least once each year:

- Medicaid
- Supplemental Security Income (SSI)
- Supplemental Nutritional Assistance Programs (SNAP) – Food Stamps
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF)
- Federal Public Housing Assistance (FPHA)/Section 8
- National School Lunch – Free Lunch Program
- Head Start (if income eligibility criteria are met)

Additional Terms & Conditions:

- Lifeline service shall not be disconnected for non-payment of toll charges.
- Qualifying low-income subscribers who voluntarily elect toll blocking, where available, will not be required to pay a service deposit in order to initiate Lifeline Service. This service will only be provided at the customer's request.

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- Qualifying Lifeline customers will not be charged a monthly number-portability charge.
- Annual verification, either through the Department of Human Services or, in lieu of electronic verification, applicants will sign the form contained in Illinois Administrative Code Part 757 Exhibit E, as proof of their income eligibility.

Section 757.Exhibit E Link up/Lifeline Programs Certification Form
EMERGENCY

Exhibit E

LINK UP/LIFELINE PROGRAMS CERTIFICATION FORM

NAME _____ DATE ISSUED _____
ADDRESS _____ APARTMENT _____
CITY _____ ZIP CODE _____
COUNTY _____ AGE _____
SOCIAL SECURITY NO. _____ PUBLIC AID CASE NUMBER _____

For which benefits do you wish to apply?

____ Link Up Connection Fee Assistance (waiver of up to 50% of the initial telephone connection fee)
____ Lifeline Local Exchange Service Assistance (Assistance) with monthly telephone bills)
____ UTSAP Assistance (Supplemental Initial Telephone Connection Fee Assistance)

Are you a participant as of this date of application in one of the programs listed below?

YES _____ NO _____

In Which program(s) do you currently participate?

____ Food Stamps (SNAP)
____ Medicaid
____ Supplemental Security Income (SSI)
____ Federal housing Assistance program
____ Low-Income Home Energy Assistance Program (LIHEAP)
____ National School Lunch Program's free lunch program
____ Temporary Assistance to Needy Families (TANF)

Do you currently receive Lifeline discount from any other provider, example would be a free cell phone?

YES _____ NO _____

Under penalty of perjury, I confirm that I participate in the above stated program(s). I will notify my provider of local exchange service in the event I cease to participate in the program(s). I am also aware that I am eligible to receive only one Lifeline subsidy. By my signature below, I confirm that the only subsidy I currently receive is from my local exchange telephone company. I am also giving the Social Security Administration permission to inform my local exchange telephone company whether or not I am entitled to Supplemental Security Income benefits as of the date of this application.

SIGNED _____ Date _____

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METAMORA TELEPHONE COMPANY (SAC 341053)
ATTACHMENT - LINE 3026
ATTACHMENT REDACTED IN ENTIRETY